

DECLARATION COMBINED WITH POWER OF ATTORNEY

Page 1 of 3
Attorney Docket No. 8483

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled PROCESS FOR TREATING A LIPOPHILIC FLUID
the specification of which

(check one) ☒ [X] is attached hereto.
☐ [] was filed on _____ as United States Application No. or
PCT International Application Serial No. _____
and was amended on _____
(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations §1.56.

I hereby claim foreign priority benefits under Title 35 United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)Priority Claimed

(Number)

(Country)

(Day/Month/Year Filed)

☐ Yes☐ No

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

60/209,250	June 5, 2000	60/205,468	June 5, 2000
Application Serial No.	Filing Date	Application Serial No.	Filing Date
60/209,443	June 5, 2000	60/209,444	June 5, 2000
Application Serial No.	Filing Date	Application Serial No.	Filing Date
60/241,174	October 17, 2000	60/280,074	March 30, 2001
Application Serial No.	Filing Date	Application Serial No.	Filing Date

I hereby claim the benefit under Title 35 United States Code §120 of any United States application(s), or §365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35 United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If applicable)

As named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Atty Name	Atty Reg Number.	Associate Power of Attorney Attached
Brian M. Bolam	37,513	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C. Brant Cook	39,151	
Marianne Dressman	42,498	
Steven W. Miller	31,984	
T. David Reed	32,931	
Timothy B. Guffey	41,048	

SEND CORRESPONDENCE TO:

Attorney or Agent's Name: Joseph Taffy

The Procter & Gamble Company (513) 627-6250

Company Name Phone No.

5299 Spring Grove Avenue Cincinnati Ohio 627-6250

Street City State Zip Code

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first joint inventor John Christopher Deak

Inventor's signature _____

_____ Date

Residence 7311 Kingswood Drive, West Chester, Ohio 45069

Citizenship United States

Post Office Address 7311 Kingswood Drive, West Chester, Ohio 45069

Full name of second joint inventor, if any Paul Amaat France

Inventor's signature _____

_____ Date

Residence 5240 Barkwood Drive, West Chester, Ohio 45069

Citizenship Belgium

Post Office Address 5240 Barkwood Drive, West Chester, Ohio 45069

Full name of third joint inventor, if any Kristina Marie Rohal Gansle

Inventor's signature _____

_____ Date

Residence 5654 Windridge Drive, Cincinnati, Ohio 45248

Citizenship United States

Post Office Address 5654 Windridge Drive, Cincinnati, Ohio 45248

Full name of fourth joint inventor, if any Anna Vadimovna Noyes

Inventor's signature _____

_____ Date

Residence 6493 Kristine Drive, Hamilton, Ohio 45011

Citizenship Russia

Post Office Address 6493 Kristine Drive, Hamilton, Ohio 45011

Full name of fifth joint inventor, if any Arseni V. Radomyselski

Inventor's signature _____

_____ Date

Residence 6493 Kristine Drive, Hamilton, Ohio 45011

Citizenship United States

Post Office Address 6493 Kristine Drive, Hamilton, Ohio 45011

Full name of sixth joint inventor, if any John Cort Severns

Inventor's signature _____

_____ Date

Residence 7168 Basswood Drive, West Chester, Ohio 45069

Citizenship United States

Post Office Address 7168 Basswood Drive, West Chester, Ohio 45069

Full name of seventh joint inventor, if any Christiaan Arthur Jacques Kamiel Thoen

Inventor's signature _____

_____ Date

Residence 8624 Beckett Pointe Drive, West Chester, Ohio 45069

Citizenship Belgium

Post Office Address 8624 Beckett Pointe Drive, West Chester, Ohio 45069

Full name of eighth joint inventor, if any Jean NMN Wevers

Inventor's signature _____

Date _____

Residence Heide 17, 1840 Steenhuffel, Belgium

Citizenship BelgiumPost Office Address Heide 17, 1840 Steenhuffel, Belgium[illegible]